

Name
in
Full

Myrna Alice Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

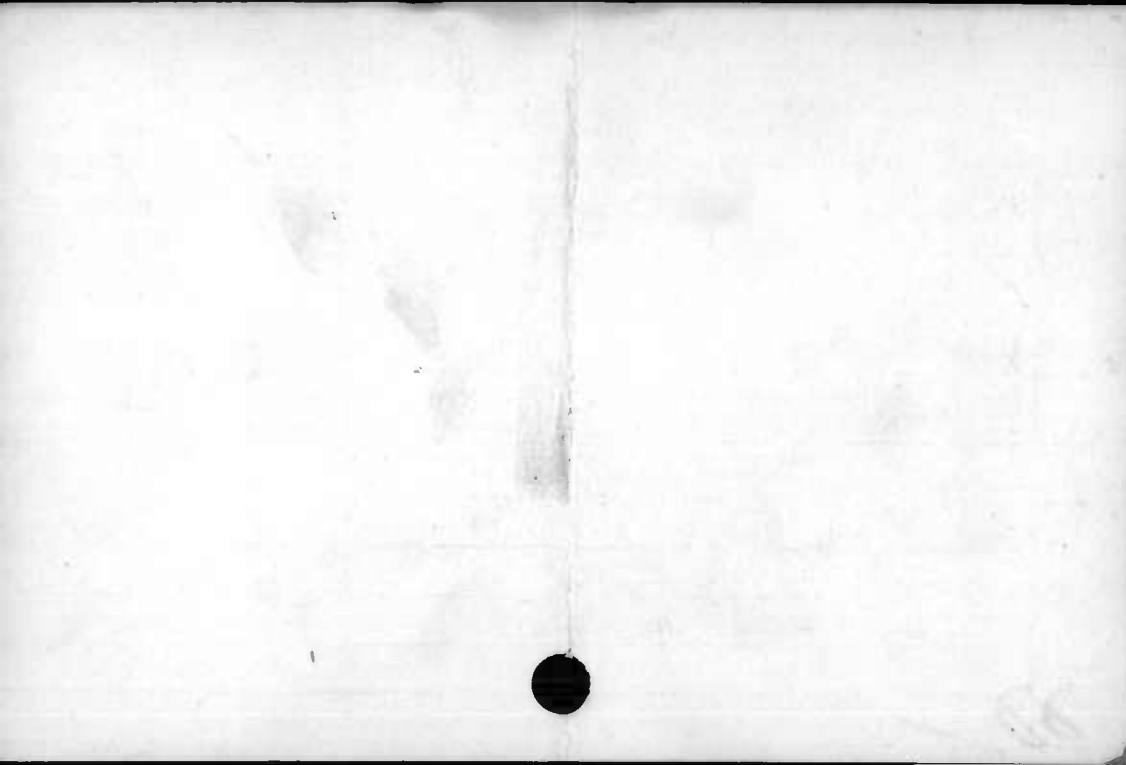
Died at <u>Hausen</u> ^{Town}		<u>Garrett</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Dec</u>	Day <u>2</u>	Age <u>—</u> Years	Months <u>1</u> Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Thomas Brooks</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Nancy Rembold</u>			Mother's Birthplace <u>Ma</u>		
Name of person giving information <u>Mrs Brooks</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Prematurely born</u>	How long	<u>—</u>
Immediate	<u>Heart Failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Arnold A. Schen</u>	
		Address <u>Egdon, Ma</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Paul Augustus Burkhardt

CERTIFICATE OF DEATH

MARYLAND

Died at *Accident* Town *Garretts* County *Garretts*

Date of death 1907 *Dec* Month *18* Day *5* Age *21* Years Months Days

Sex *male* Color or Race *white* Birth-place *Accident*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFether's
Name

Fred Burkhardt

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Kins

Mother's
Birthplace

Md

Name of person giving
In formation

Will Burkhardt

How related
to deceased

Brother

CAUSES OF DEATH

10

Primary

Influenza
Convulsions

How long

2 days

Immediate

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes -

Signature of
Physician

Address

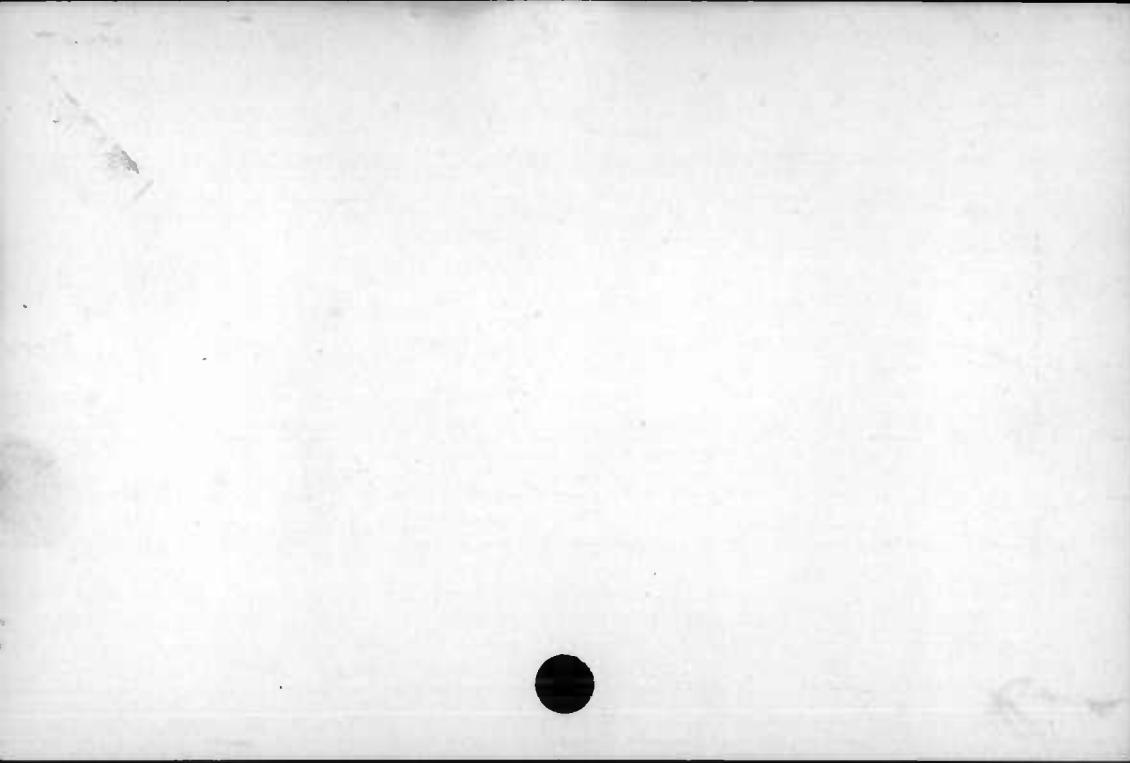
H.R. Buyer Md

Accident

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Dwight Foss Casteel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

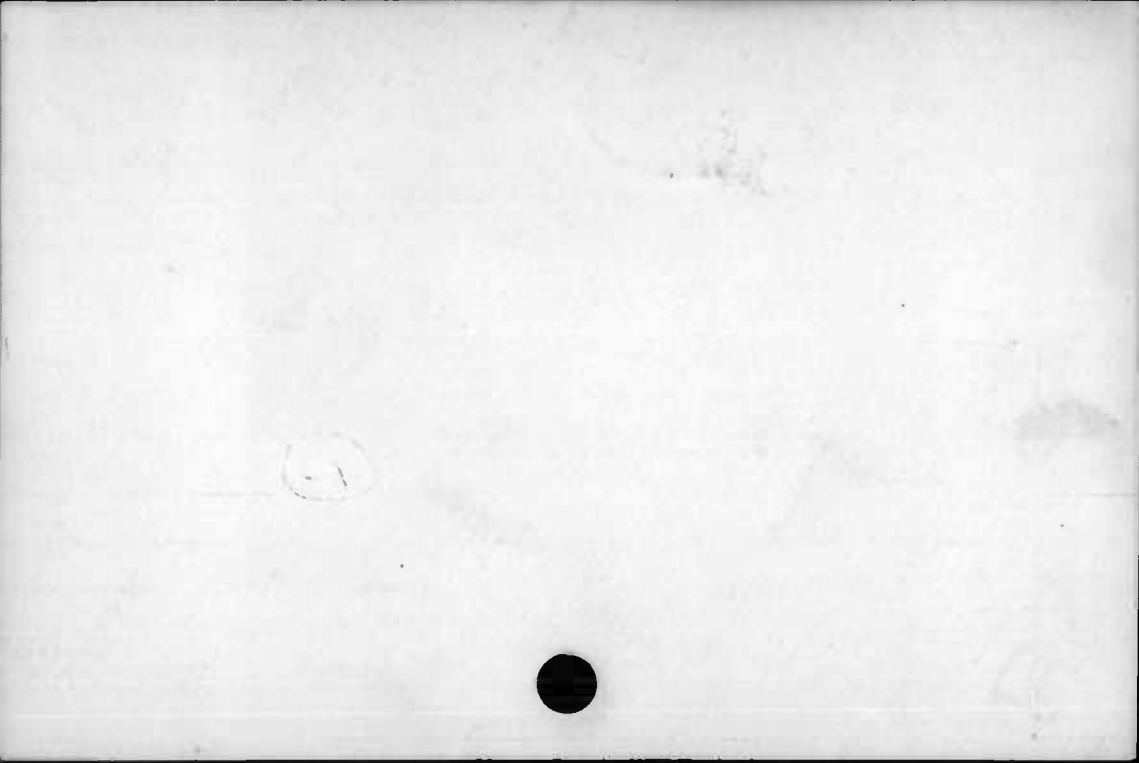
Died at <i>Deer Park</i>		Town <i>Garrett</i>		County	
Date of death	1907	Month	December	Day	31
Sex	Male	Color or Race	White	Age	7
Occupation			Where Residing if not at place of death	Months	12
Married, Single or Widowed	—		Name of Wife or Husband	Birth place	Deer Park, Ind.
Father's Name	F. B. Casteel			Father's Birthplace	Garrett Co., Ind.
Mother's Maiden Name	Hattie Friend			Mother's Birthplace	" " "
Name of person giving information	Mrs. F. B. Casteel			How related to deceased	Mother

CAUSES OF DEATH

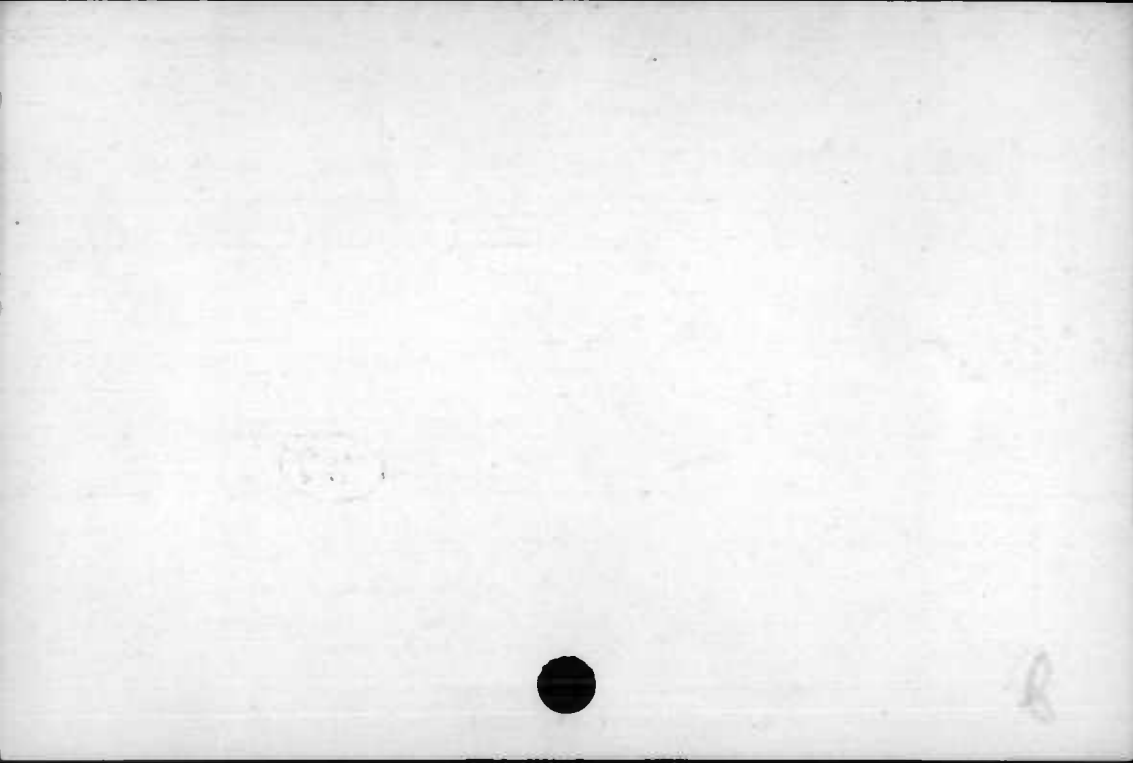
92

PHYSICIAN
OR CORONER

Primary	Broncho-Pneumonia	How long	Don't know, have seen the
Immediate	Convulsions	How long patient for the first time just before death	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. J. E. Hurley
Accident or Suicide?		Address	Deer Park, Garrett Co.



Name in Full		W H Duckworth				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Swanton		County Garrett		MARYLAND	
	Date of death	1907	Month Dec	Day 7	Years 19	Months 6	Days 26
	Sex	Male		Color or Race	white		
	Occupation	Farmer			Birth- place	Deer Park Ind	
				Where Residing if not at place of death			
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	H R. Duckworth			Father's Birthplace	Barton Ind	
Mother's Maiden Name	Mandy C. Bonard.			Mother's Birthplace	Blount Ind		
Name of person giving In formation	R. Stoltz			How related to deceased	Brother		
<div>CAUSES OF DEATH</div> <div>27</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	Months
	Immediate	Tuberculosis and asthma				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				H P Copeland		
				Address			
				Blair's sera			
<div>Accident or Suicide?</div>							



Name
in
Full

Edwards Faherty

CERTIFICATE OF DEATH

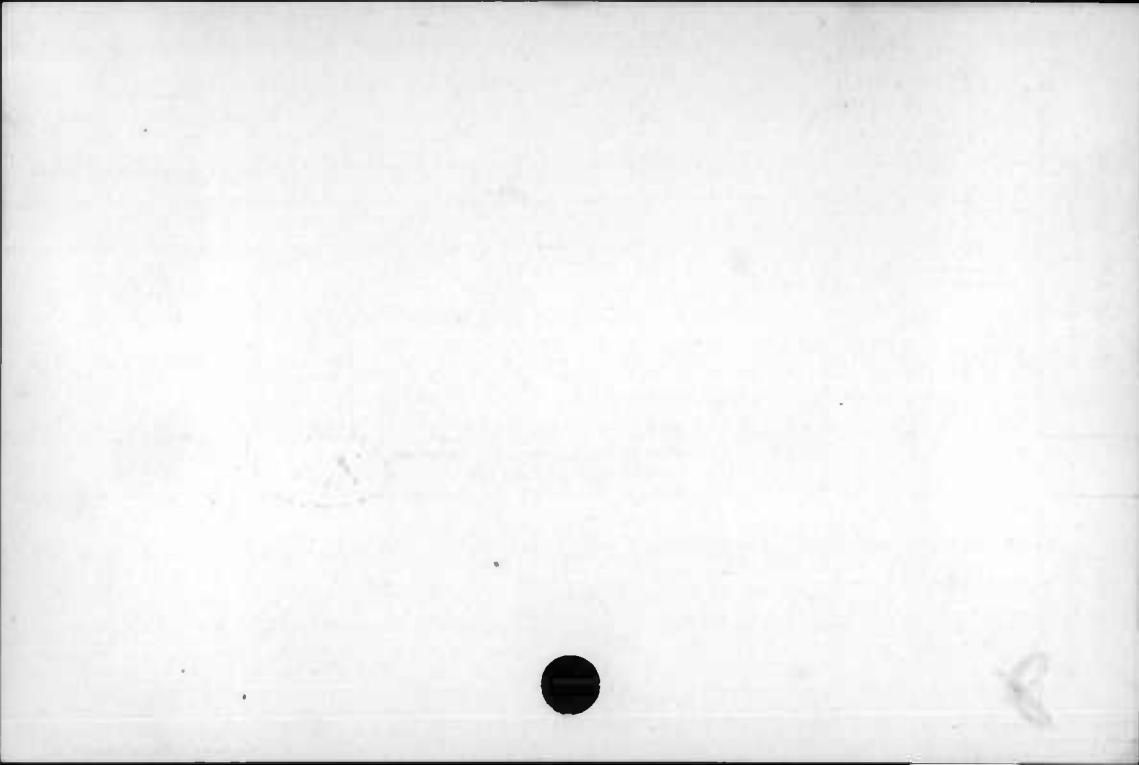
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hutton</i> Town		<i>Sorrells</i> County		MARYLAND			
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>22</i>	Age <i>14</i>	Years <i>14</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>School boy</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>S.</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Michael Faherty</i>			Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Pendergast</i>			Mother's Birthplace <i>Ireland</i>				
Name of person giving information			How related to deceased <i>166</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gun shot wound</i>	How long <i>24 hours</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>K. Egge</i>
		Address
Accident or Suicide?		



Name
In
Full

Anna Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

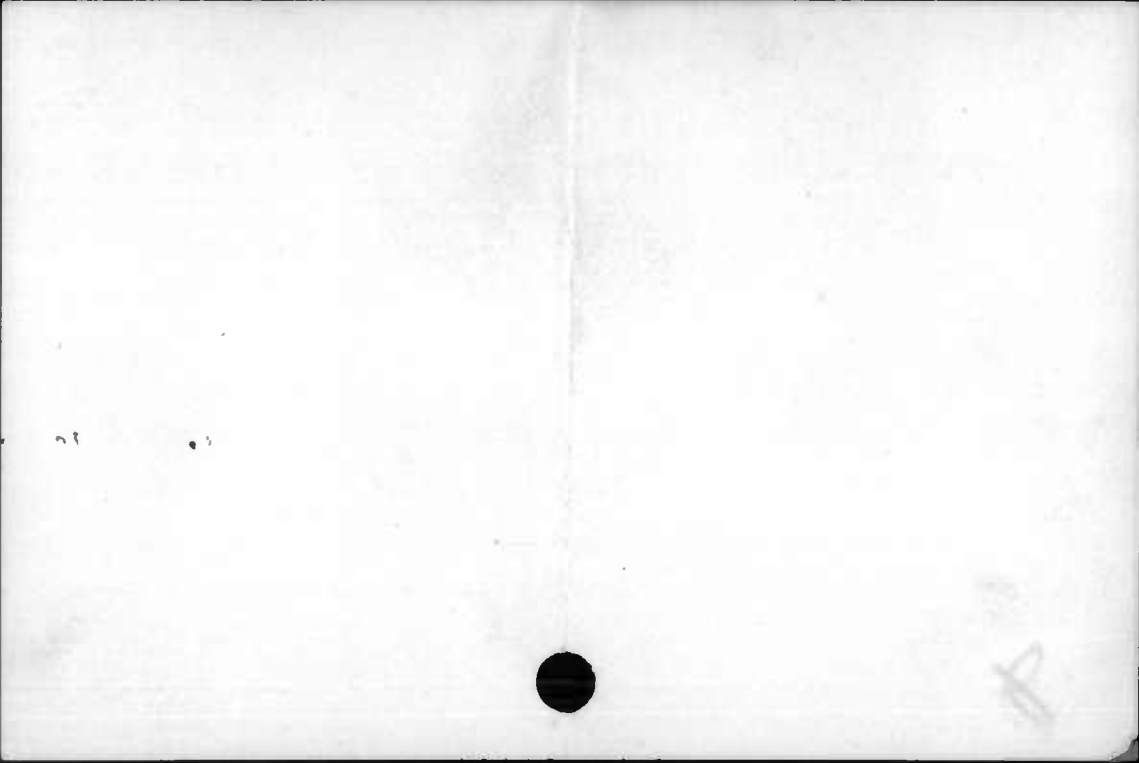
Died at		Red House		Garrett		MARYLAND							
Date of death		1907	Month	Dec	Day	8	Age	Years	74	Months	8	Days	17
Sex		Female		Color or Race		White		Birth-place		Maryland			
Occupation				Farmer				Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Jeremiah M. Miller							
Father's Name		Peter Hike						Father's Birthplace		Pa			
Mother's Maiden Name		Lena Hike						Mother's Birthplace		Va			
Name of person giving information		J. M. Miller						How related to deceased		Husband			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	Sexuality	How long	
Immediate	Bronchitis	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Arnold A. Scherr	
Address		Eggleston, Md	
Accident or Suicide?			



Name
In
Full

Sarah Smeaman

CERTIFICATE OF DEATH

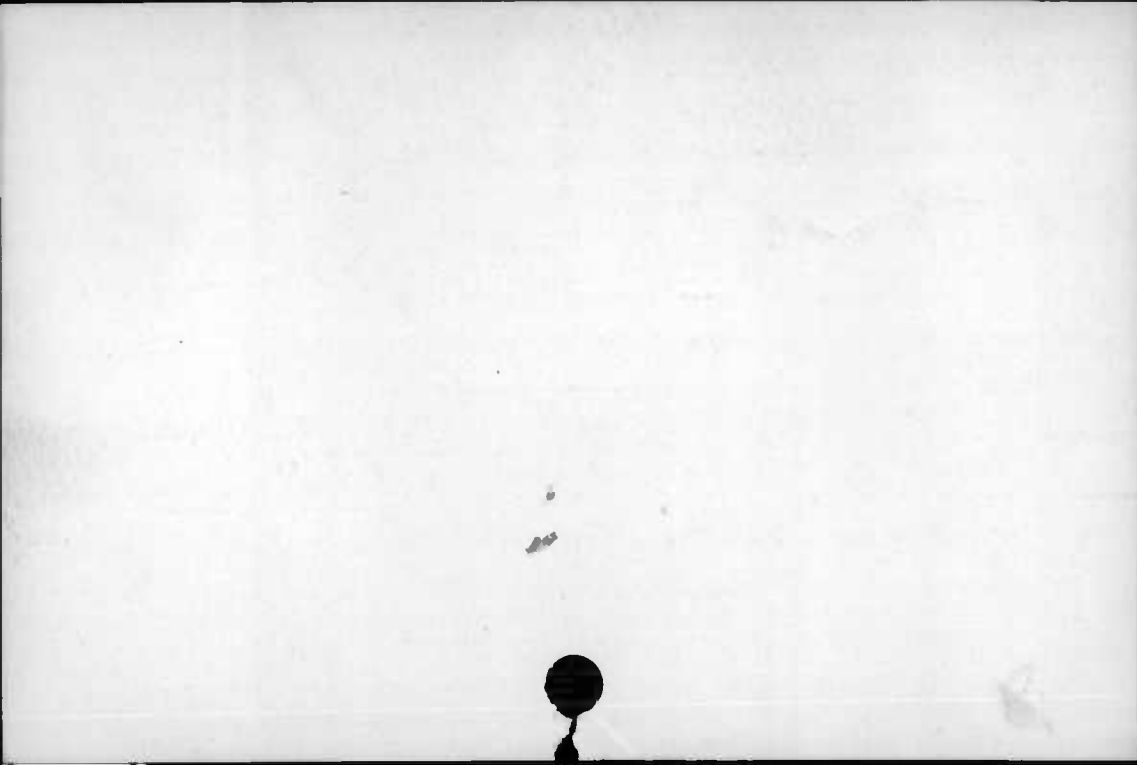
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cove</u> <small>Town</small>		<u>Garrett</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>Dec.</u> <small>Day</small> <u>5</u> <small>Years</small> <u>82</u>		<u>9</u> <small>Months</small>		<u>21</u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Somerset Co. Pa.</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widow</u>		Name of Widow Husband <u>John Smeaman</u>			
Father's Name <u>Peter Shoemaker</u>		Father's Birthplace <u>not known</u>			
Mother's Maiden Name <u>Shultz</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Louis Smeaman</u>		How related to deceased <u>Son</u>			

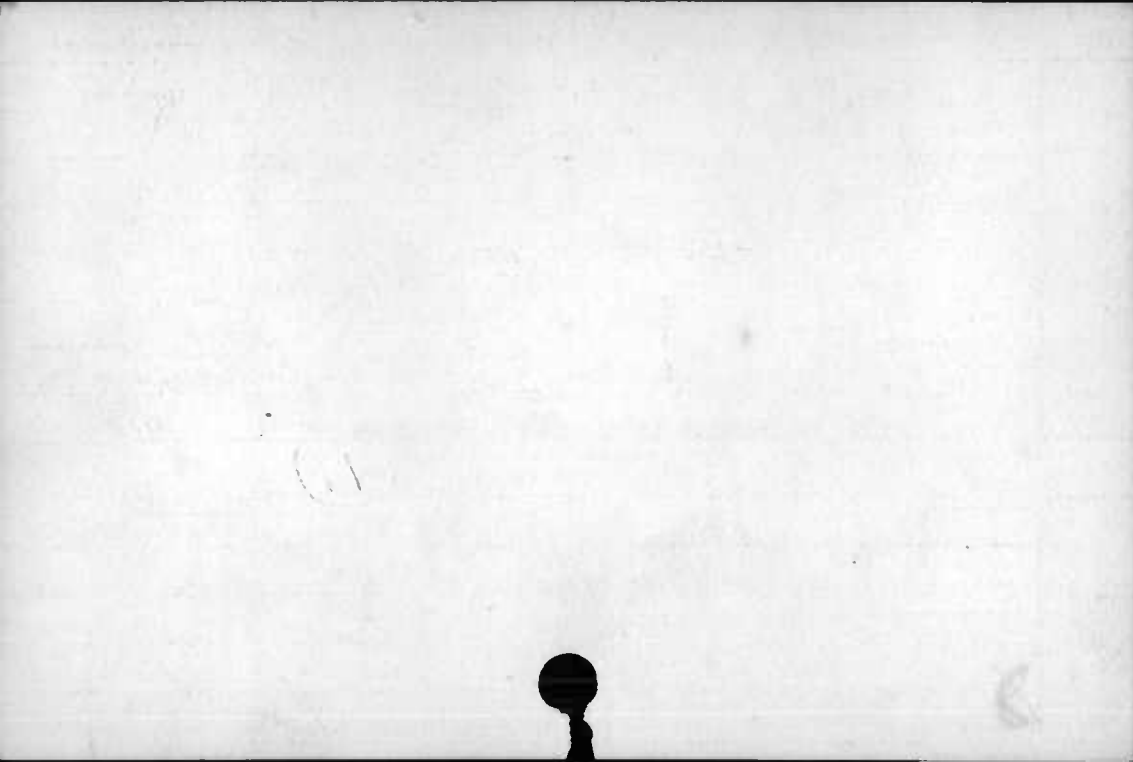
CAUSES OF DEATH

177PHYSICIAN
OR CORONER

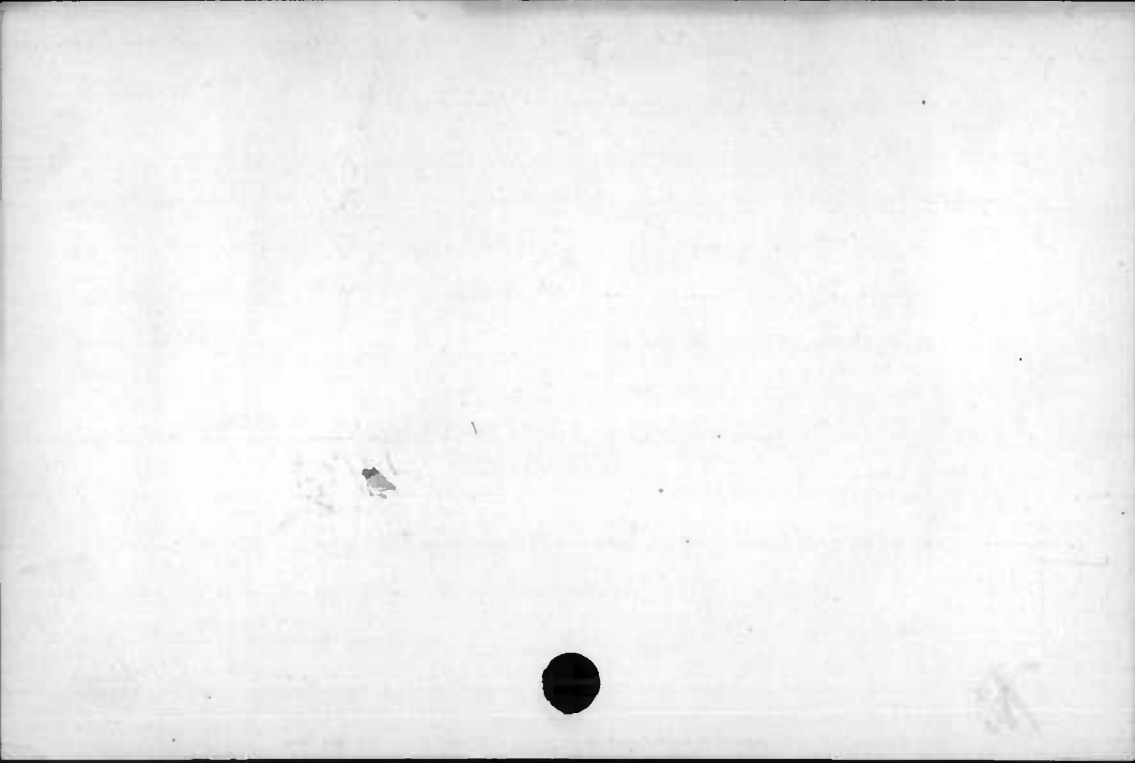
Primary <u>Old age</u>	How long
Immediate <u>Dropsy</u>	How long <u>Six months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Peter Nathan</u>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <u>Grantsville, Md.</u>
	<u>Sub Registrar</u>



Name in Full		Catherine V. Snyder				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
		CAUSES OF DEATH				(79)		
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		Address						
		Accident or Suicide?						



Name in Full Truie Warnick		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at New Germany Town Garrett County		MARYLAND
	Date of death 1907 Month July Day 15 Age 13 Years Months 2 Days 23		
	Sex Female	Color or Race White	Birth-place New Germany Md
	Occupation Chief	Where Residing If not at place of death at New Germany Md	
	Married, Single or Widowed Single	Name of Wife or Husband single	
	Father's Name Jessie Warnick	Father's Birthplace New Germany Md	
	Mother's Maiden Name Annice M. Custer	Mother's Birthplace Jennings Md	
Name of person giving information Mrs. Bowers		How related to deceased no.	
CAUSES OF DEATH 118			
PHYSICIAN OR CORONER	Primary Typhoid Fever & Effusion	How long 45 hours	
	Immediate Perforation of Intest.	How long 12 hours	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician H. J. Robinson	
	Address Franksville Md		
Accident or Suicide? no			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Jacob Wilson</i>		Town <i>Wilson</i>		County <i>Garnett</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>24</i>		Age <i>74</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>		Months —	
Occupation <i>Farmer</i>		Where Residing if not at place of death —		Days —			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha A. Wilson</i>		Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		Name of person giving information <i>Clarence Wilson</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary <i>Mitral insufficiency</i>	How long <i>Unknown</i>
Immediate <i>Cardiac failure</i>	How long <i>after treatment</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Berry</i>
Address <i>Frostburg Md</i>	
Accident or Suicide? <i>No</i>	

